

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030858  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4324

SEP 10 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JACKSON</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>JACKSON</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1224 LINWOOD BLVD.</b>	
Length of stay in 1b <b>50 YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>ARTHUR</b>	Middle <b>FRANCIS</b>	Last <b>BRISENDINE</b>	Month <b>AUGUST</b>
		Day <b>20</b>	
		Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/5/1884</b>
9. AGE (last birthday) <b>77</b>		10. BIRTHPLACE (City and state or country) <b>UNIONVILLE, MO.</b>	
11. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>			
12. NAME OF HUSBAND OR WIFE <b>MRS. RUTH BRISENDINE</b>			
13a. FATHER'S NAME <b>RICHARD H. BRISENDINE</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BERRY</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		15. SOCIAL SECURITY NO. <b>SPANISH-AMERIC</b>	
16. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Liver -</b>		17. INTERVAL BETWEEN ONSET AND DEATH <b>? month</b>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Liver -</b>		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	
20. SOCIAL SECURITY NO. <b>SPANISH-AMERIC</b>		21. NAME OF HUSBAND OR WIFE <b>MRS. RUTH BRISENDINE, K. C. MO.</b>	
22. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		23. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
24. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		25. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
26. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
27. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
30. CITY, TOWN, OR LOCATION		COUNTY STATE	
31. I attended the deceased from <b>Jan - 1955</b> , to <b>Aug 1962</b> and last saw her live on <b>Aug 19-62</b>		Death occurred at <b>12:10 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
32. SIGNATURE (Degree or title) <b>R. Paul Wright M.</b>		33. ADDRESS <b>Kansas City 6-140</b>	
34. DATE SIGNED <b>Aug 21-62</b>			
35. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		36. DATE <b>AUG. 22, 1962</b>	
37. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		38. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>	
39. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS KANSAS CITY, MO.</b>		40. DATE RECD. BY LOCAL REG. <b>8-22-62</b>	
41. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

W. R. Paul Wright  
1324 Professional Bldg.  
12:30-5:00

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul Wright

Licensed Embalmer No. 11724

P. O. Address PO Box

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.